

Department of Fire and Rescue Services
Office of Code Administration
City of Fairfax, VA

Project Name: _____

Address: _____

Zip _____ Suite _____ Floor _____

Submitting Firm: _____

Address: _____

Phone: _____ Runner: _____

Name of Design Architect or Engineer: _____

Registration Number: _____

Name of Designer: _____

Address: _____

Occupation: _____

Purpose of Space: _____

Scope of Tenant Work: _____

Hazardous Materials: Combustible Liquid _____ Flammable Liquid _____ Other _____

Tenants Per Floor: Single _____ Multiple _____ Use Group (BOCA) _____

Use Group of Building (BOCA): _____ Type of Construction _____

Number of Stories in Building: _____ USBC_VA (Base Bldg) Year _____

Hi-Rise Building: Yes _____ No _____ Fire Control Room: Yes _____ No _____

Gross Floor area per Floor: _____ Tenant Space Sq Ft: _____

Sprinklers: Yes _____ No _____ Partial _____ Fully _____

Fire Alarm System: Yes _____ No _____ Type _____

Monitoring by an approved central station: Yes _____ No _____

Alarm Company _____ Certificate Date _____

Standpipes: Yes _____ No _____ If yes, provide location on plan

Fire Resistance Design #: Corridor: _____ Floors: _____

Roof: _____ Tenant Walls: _____

FileCode\forms\building-tenantplan